



**London**  
CANADA

## Important Notice Please Read Carefully

**Re: Rent-Geared-to-Income (RGI) Assistance Annual Review Form**

Dear Resident,

In accordance with the section 59 of Ontario Regulation 367/11, eligibility for rent-geared-to-income (RGI) assistance must be reviewed every twelve (12) months or more frequently as determined by the City of London.

As your household currently receives RGI assistance, you are required to complete, sign and return the attached form with the required documentation to your Housing Provider. **Failure to submit a completed form by the required deadline means that you are no longer eligible to receive RGI assistance.** This means that you may lose your RGI subsidy and could be charged full market rent.

**PLEASE NOTE: Starting in January 2021, and every subsequent year, there will be a requirement to file your income tax with Canada Revenue Agency and submit your Notice of Assessment with your Annual Review Package. This means you must file your taxes and submit your Notice of Assessment for the previous year in order to assess your ongoing eligibility for Rent-Geared-to-Income assistance.**

Free Income Tax clinics for low-income earners are offered throughout the year in your community. This list can be found on the Information London website at [www.informationlondon.ca](http://www.informationlondon.ca).

The personal information requested will be used to calculate your RGI rent and review your continued eligibility for subsidized housing in accordance with the *Housing Services Act, 2011*, associated regulations and City of London Local Rules.

**Please return this completed form with the attached documentation**

**Before:** \_\_\_\_\_

By Mail, Fax or Drop off in person to:

Phone:

Fax:





# Rent-Geared-To-Income (RGI) Assistance Annual Review Form

## PLEASE READ CAREFULLY BEFORE FILLING OUT THIS FORM

- If you do not complete, sign and submit this form to your landlord before the due date, you may become ineligible for rent-geared-to-income housing.
- If you require more room to complete any of the sections, please use additional paper.
- Please print clearly.

## YOUR UNIT INFORMATION

|                 |             |         |                |                |
|-----------------|-------------|---------|----------------|----------------|
| Street Address: |             | Unit #: | City:          | Postal Code:   |
| Home Phone:     | Cell Phone: |         | Other Phone #: |                |
| Email:          |             |         |                | # of Bedrooms: |

## HOUSEHOLD MEMBERS – WHO LIVES WITH YOU?

- List the names of everyone that lives with you.
- Status in Canada: Canadian Citizen, Permanent Resident, Convention Refugee or Refugee Claimant.

| Full Name | Relationship to You | *Status in Canada<br>(Refer to the list above) | Date of Birth<br>(Year/Month/Day) |
|-----------|---------------------|--|-----------------------------------|
|           | Self                |  |                                   |
|           |                     |  |                                   |
|           |                     |  |                                   |
|           |                     |  |                                   |
|           |                     |  |                                   |

## EMERGENCY CONTACT

- List the name and contact information for an individual we can contact in case of an emergency (relative not listed on this form such as a friend, support worker, etc.).

|             |             |             |                      |  |
|-------------|-------------|-------------|----------------------|--|
| Last Name:  |             | First Name: |                      |  |
| Home Phone: | Cell Phone: |             | Relationship to you: |  |

## HOUSEHOLD INCOME

- Please list all income sources received by all members of your household and attach verification.

**NOTICE OF ASSESSMENT: Please attach Notice(s) of Assessment(s) received from Revenue Canada for all household members who receive an income.**

- Examples of some income sources are listed below, but are not limited to this list.

### Employment: Attach 8 weeks of paystubs

- ✓ Full-time work
- ✓ Part-time work
- ✓ Casual work
- ✓ Vacation pay
- ✓ Bonuses/Commissions
- ✓ Short/Long term disability

### Self-Employment: Attach Income/Expense Statement

- ✓ Tutoring
- ✓ Child care
- ✓ Driving a taxi/Uber
- ✓ Farm income
- ✓ Any other business income (e.g., contractors, sole proprietors/partners of a business)

### Other Income Sources: Attach monthly or yearly statement

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>✓ Ontario Works (OW)</li> <li>✓ Ontario Disability Support Plan (ODSP)</li> <li>✓ Canada Pension Plan (CPP)</li> <li>✓ Old Age Security (OAS)</li> <li>✓ Quebec Pension Plan (QPP)</li> <li>✓ Alimony/support payments received</li> <li>✓ Employment Insurance (EI)</li> <li>✓ Training allowances</li> <li>✓ Annuities</li> </ul> | <ul style="list-style-type: none"> <li>✓ Company pensions</li> <li>✓ Public service pensions</li> <li>✓ Workers Compensation payments(WSIB)</li> <li>✓ Veteran's Allowances</li> <li>✓ Sponsorship payments</li> <li>✓ Ontario Student Assistance (OSAP)</li> <li>✓ One time lump sum payments (e.g., inheritances, court and out-of-court settlements)</li> </ul> |
|--|--|

### Income from Assets: Attach current copies of account statements

- ✓ Interest-bearing bank/trust/credit union
- ✓ Stock, Shares, Mutual Funds
- ✓ Guaranteed Income Certificate (GIC)  
Registered Income Fund or Similar Investment

| Name of person who receives income | Type of Income | Verification Attached?       |
|------------------------------------|----------------|------------------------------|
|                                    |                | <input type="checkbox"/> Yes |
|                                    |                | Yes                          |
|                                    |                | <input type="checkbox"/> Yes |
|                                    |                | <input type="checkbox"/> Yes |
|                                    |                | <input type="checkbox"/> Yes |

**Notices of Assessment attached for all household members in receipt of an income.**

Yes

**BANK ACCOUNT**

List all bank accounts (chequing and savings) held by all members of your household.

- Please attach the last ninety (90) days of bank statements

| Account held by?<br>(name of person(s) on account) | Name of Bank | 90 days of banking statements attached? |
|--|--------------|---|
|  |              | <input type="checkbox"/> Yes            |
|  |              | <input type="checkbox"/> Yes            |
|  |              | <input type="checkbox"/> Yes            |
|  |              | <input type="checkbox"/> Yes            |
|  |              | <input type="checkbox"/> Yes            |

**TENANT INSURANCE**

- You must attach a copy of your Certificate of Insurance.
- Please be advised that you may be entitled to additional assistance for the cost of insurance through Ontario Works (OW) or Ontario Disability Support Program (ODSP). Please contact your Caseworker for information.

Name and address of Insurance Company:

Certificate of Insurance Attached?  Yes

**ALL HOUSEHOLD MEMBERS 16 YEARS AND OLDER MUST SIGN THIS SECTION**

| Full Name | Signature | Date<br>(Year/Month/Day) |
|-----------|-----------|--------------------------|
|           |           |                          |
|           |           |                          |
|           |           |                          |
|           |           |                          |
|           |           |                          |

## Consent and Declaration

By signing this statement, I confirm the following:

1. All the information provided in this Income & Assets Verification Form for Rent-Geared-to-Income Assistance is true and complete to the best of my knowledge. I have not knowingly left out any information or provided false information.
2. I understand that providing false information or withholding information from a housing provider for the City of London and County of Middlesex may result in the loss of my rent-geared-to-income subsidy.
3. I understand that I must inform my housing provider for the City of London and County of Middlesex within 30 days of any change in my income or assets, my right to stay in Canada, and if there is a change in the household members residing in my unit.
4. I understand that my housing provider for the City of London and County of Middlesex will use my personal information and the information provided during this review to determine my ongoing eligibility for rent-geared-to-income assistance, to determine the size and type of unit I may be eligible for and determine the amount of rent-geared-to income rent payable by me.
5. I agree to allow my housing provider for the City of London and County of Middlesex to make inquiries to verify the information I have provided in this Annual Review Form, without further notice to me, to outside organizations and entities which could include the following: Ministry of Municipal Affairs and Housing, the Housing Service Corporation, other municipal Service Managers or District Social Services Administration Boards or lead agencies as defined under the Act, if it is required to determine eligibility for assistance under the *Ontario Works Act 1997*, the *Ontario Disability Support Program Act, 1997* or the *Day Nurseries Act*. I permit any person, corporation, or social agency to release any required information.
6. I understand that the housing provider for the City of London and County of Middlesex does not have to notify me before releasing information on this form and/or any attached documents to any government or organization with which the City of London and County of Middlesex may share information under the *Housing Services Act, 2011* (HSA).
7. I understand that any inquires with respect to my personal information may take the form of electronic data exchanges.
8. I understand that any information on this form and/or any attached documents will only be released in accordance with the *HSA*, the *Municipal Freedom of Information and Protection of Privacy Act* and associated regulations.
9. I have read, understood and accept the above.

Signature Line (Head of Household) \_\_\_\_\_

Signature Line (Spouse of Head of Household) \_\_\_\_\_